

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 030793-034000						
<p style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.89(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: _____</p>		<p>In re Application of : R. Sam Niedbala</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number: 09/997,023</td> <td style="width: 50%;">Filed: November 30, 2001</td> </tr> <tr> <td colspan="2" style="text-align: center;">For: SAMPLE COLLECTOR AND TEST DEVICE</td> </tr> <tr> <td style="text-align: center;">Group Art Unit: 1797</td> <td style="text-align: center;">Examiner: Lyle Alexander</td> </tr> </table>	Application Number: 09/997,023	Filed: November 30, 2001	For: SAMPLE COLLECTOR AND TEST DEVICE		Group Art Unit: 1797	Examiner: Lyle Alexander
Application Number: 09/997,023	Filed: November 30, 2001							
For: SAMPLE COLLECTOR AND TEST DEVICE								
Group Art Unit: 1797	Examiner: Lyle Alexander							
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>510.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time for a 1-month under 37 CFR 1.136(a) (PTO/SB/22) is filed herewith.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor. _____ Signature _____</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record Registration No. <u>37,156</u> /Mary S. Webster, Reg. No. #37,156/ Typed or printed name</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ September 29, 2008 Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>								